

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

PROGRESS SHEET

☐ SURFACE WATER☒ GROUND WATER

| | | | | | |
|---|---|---------------------------------------|-------------------------------|-------------------------|--------------|
| NAME Drew Landram Water System | | TELEPHONE NO. (509) 935-8472 | | | |
| ADDRESS 1702 W. Lincoln | | CITY Chewelah | STATE WA | ZIP CODE 99109 | |
| ASSIGNED TO | | TELEPHONE NO. | DATE ASSIGNED | | |
| ADDRESS | | CITY | STATE | ZIP CODE | |
| APPLICATION NO. G3-30308 | PERMIT NO. 2146097 | CERTIFICATE NO. | | | |
| DATE AMENDED | DATE CANCELLED | W.R.I.A. 35 | | | |
| APPLICATION | | | | | |
| DATE APPLICATION RECEIVED January 13, 2000 | INITIAL \$10.00 FEE RECEIVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | DATE FEE RECEIVED January 13, 2000 | | | |
| STATEMENT OF ADDITIONAL EXAMINATION FEE \$ | DATE SENT | DATE RECEIVED | | | |
| DATE RETURNED FOR COMPLETION OR CORRECTION | | DATE RECEIVED | | | |
| TEMPORARY PERMIT | | | | | |
| APPROVED BY | | DATE ISSUED | | | |
| Lewiston Morning Tribune | | PUBLICATION | | | |
| APPROVED BY | | DATE APPROVED | DATE NOTICE SENT | | |
| PROTESTED BY & DATE | | | | | |
| | | | | | |
| DATE AFFIDAVIT RECEIVED | CHECKED BY | TIME EXPIRED | DATE AMENDED NOTICE SENT | DATE AFFIDAVIT RECEIVED | TIME EXPIRED |
| DEPARTMENT OF FISH & GAME REPORT | | | | | |
| APPROVED | | PROVISO | PROTEST | | |
| EXAMINATION | | | | | |
| DATE EXAMINATION MADE | MADE BY | DATE REPORT OF EXAM. WRITTEN | | WRITTEN BY | CHECKED BY |
| DATE PERMIT FEE REQUESTED | | AMOUNT DUE | | DATE RECEIVED | |
| PERMIT | | | | | |
| PERMIT APPROVED BY | | DATE APPROVED | PERMIT NO. | DATE ISSUED | |
| BEGINNING OF CONSTRUCTION | | | | | |
| DATE NOTICE SENT | | DATE FILED | | EXTENSION FEE | |
| EXTENDED TO | | | EXTENDED TO | | |
| WELL DRILLER'S AND/OR CONSTRUCTION REPORT | | | | | |
| DATE SENT | | | DATE FILED | | |
| COMPLETION OF CONSTRUCTION | | | | | |
| DATE NOTICE SENT | | DATE FILED | | EXTENSION FEE | |
| EXTENDED TO | | | EXTENDED TO | | |
| PROOF OF APPROPRIATION | | | | | |
| DATE SENT | | DATE FILED | | EXTENSION FEE | EXTENDED TO |
| DATE CERT. FEE REQUESTED | AMOUNT DUE | DATE RECEIVED | DATE APPROVED FOR CERTIFICATE | | APPROVED BY |
| CERTIFICATION | | | | | |
| PROOF EXAM REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO | | CERTIFICATE NUMBER | | DATE ISSUED | |

cc: State Health Dept.
Walla Walla County Health